

**N.J. Department of Human Services
Division of Developmental Disabilities (DDD)**

**Application for DDD Eligibility
APPLICANT INFORMATION FORM**

Please provide as much information as possible. Attach additional sheets as necessary.

Applicant Name _____ Form Completed by _____

Date of Birth _____ Relationship to Applicant _____

Social Security # _____ Date completed _____

Applicant's Primary Address: _____

Phone: _____ E-mail _____

Does Applicant have a Legal Guardian? _____ Yes _____ No If yes, please complete:

Name: _____ Phone #: _____

Address: _____

1. APPLICANT RESIDENCY AND OCCUPATION INFORMATION

Place of Birth (hospital, city, state or country if born outside U.S.):

If born outside U.S., is Applicant a U.S. citizen? _____ Yes _____ No

If No, is Applicant a permanent alien resident? _____ Yes _____ No

If Applicant is under 18, are parents/legal guardian permanent legal residents of New Jersey?

_____ Yes _____ No

If Applicant is 18 or older and has a legal guardian, is the legal guardian a permanent legal resident of

New Jersey? _____ Yes _____ No _____ Has no legal guardian

Is Applicant currently receiving services from any agency in any state other than New Jersey?

_____ Yes _____ No If yes:

Name of Agency

Address

Phone #

Does Applicant Reside in a Residential Program? _____ Yes _____ No If yes, please complete:

Placement Type: _____

Provider Name: _____

Is Applicant Employed? _____ Yes _____ No If yes, please complete:

Employer Name: _____

Position: _____

Does Applicant Attend a Day Program or School? _____ Yes _____ No If yes, please complete:

Type of Program: _____ Phone # _____

Name of Program/School: _____

Address: _____

2. APPLICANT INSURANCE AND BENEFIT INFORMATION

Does Applicant have or receive:

- Medicaid? _____ Yes _____ No If yes, Medicaid Number _____

(Note: This is not the number on your Medicaid card. If necessary, call N.J. Medicaid at 800-356-1561 and ask for it.)

- Medicare? _____ Yes _____ No If yes, Medicare Number _____

- Private Insurance? _____ Yes _____ No If yes, please list: Policy Name: _____

Policy Number: _____ Telephone Number: _____

- Social Security Administration Death or Disability (SSA/SSDI) benefits? _____ Yes _____ No

- If yes: Claim # _____ and amount received per month: \$ _____

- If no: _____ Never applied _____ Application pending _____ Ineligible

- Supplemental Security Income (SSI) benefits? _____ Yes _____ No

- If yes: Claim # _____ and amount received per month \$ _____

- If no: _____ Never applied _____ Application pending _____ Ineligible

- If Applicant receives SSA/SSDI or SSI, is there a Representative Payee? _____ Yes _____ No

- If yes, please complete:

<u>Benefit</u>	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Is Applicant requesting an immediate residential placement funded by DDD? _____ Yes _____ No

- **If no, please move to Section 3.**
- **If yes and Applicant is 18 or older, please complete Section 2a but NOT 2b.**
- **If Applicant is under 18, please complete both sections 2a AND 2b.**

2a. For all Applicants requesting a DDD-funded residential placement:

OTHER BENEFITS AND ASSETS OWNED OR RECEIVED BY APPLICANT Include Salary, Bank Accounts, Trust Accounts, Stocks & Bonds, Malpractice Accounts, Pensions, Alimony, Veteran's Benefits, Railroad Retirement Benefits, etc. Attach separate sheet if necessary.

<u>Account/Benefit Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Account/Claim #</u>	<u>Balance or Amt. Rec.Mthly.</u>
/	/	/	/	/
/	/	/	/	/

Representative Payee: Who is Representative Payee for these benefits or assets? Please list below:

<u>Benefit Or asset</u>	<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Phone</u>	<u>Relationship</u>
/	/	/	/	/	/
/	/	/	/	/	/

2b. For Applicants under 18 requesting a DDD-funded residential placement:

BENEFITS AND ASSETS OWNED OR RECEIVED BY PARENTS Please show all assets or sources of income personally owned by or received by Parents of Applicant, such as Parents' Salaries, Bank Accounts, Trust Accounts, Stocks & Bonds, Malpractice Accounts, Veteran's Benefits, Railroad Retirement Income, Pensions, etc.

Father

<u>Account/Benefit Or Employer Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Account/Claim #</u>	<u>Balance or Amt. Rec.Mthly.</u>
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

Mother

<u>Account/Benefit Or Employer Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Account/Claim #</u>	<u>Balance or Amt. Rec.Mthly.</u>
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

3. APPLICANT FAMILY AND HOUSEHOLD INFORMATION

Father: ☐ Living ☐ Deceased If living, please complete the following:
Name _____ Date of Birth: _____

Address, if different from Applicant: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Social Security #: _____ Veteran? _____ Yes _____ No

Marital Status _____ Is Father an Emergency Contact? _____ Yes _____ No

Mother: _____ Living _____ Deceased

If living, please complete the following:

Name _____ Date of Birth: _____

Address, if different from Applicant: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Social Security #: _____ Veteran? _____ Yes _____ No _____ Marital Status _____

Marital Status/Maiden Name: _____ Is Mother an Emergency Contact? _____ Yes _____ No

Other Members of Applicants Household (Do not include parents if they are listed above)

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Is a Family Member Applying or Currently Eligible for DDD Services?

Name _____ DOB _____ Relationship _____ Resides in the Home? ☐

Name _____ DOB _____ Relationship _____ Resides in the Home? ☐

Name _____ DOB _____ Relationship _____ Resides in the Home? ☐

Immediate Family Members Who Do Not Reside with Applicant (Do not include parents if listed above)

Name _____ DOB _____ Relationship _____

Address: _____ Phone #: _____

Name _____ DOB _____ Relationship _____

Address: _____ Phone #: _____

4. EMERGENCY CONTACT INFORMATION if different from, or in addition to, parents or guardian

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____